

AGENCY NAME

DYSPHAGIA CARE PLAN A.K.A. Physical and Nutritional Management Plan (PNMP)

NAME: _____

ADDRESS: _____

STATUS: 1. Choking risk 2. Aspiration Risk 3. Oral and Pharyngeal Dysphagia

DATE DEVELOPED _____ **REVISED:** _____

DYSPHAGIA LEVEL **1**

| TOPIC: | PROPOSED STRATEGY/ACTIVITY: | TRIGGERS: |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <i>ORAL CARE AND MEDICATION ADMINISTRATION</i> | <ol style="list-style-type: none"> Uses suction tooth-brush – see guidelines All food, fluids and medications are taken orally – follow Dining Plan on other side of this page Oral care is done in his mealtime position. Gelatin or Honey-thick liquids | <ul style="list-style-type: none"> Bottom not back in wheelchair Coughing with signs of struggle (watery eyes, drooling, facial redness) Wet Vocal Quality Vomiting Sudden Change in Breathing Watery eyes Total meal refusals (X 2 consecutive) Pocketing of food in mouth Hyper extends neck despite use of compensatory strategies Weight loss/gain of 5lbs in a month |
| <i>MEAL POSITION AND ADAPTIVE EQUIPMENT</i> | <ul style="list-style-type: none"> If Dining Plan is printed on one side and this plan is on the other side of the page, put “see Dining Plan on other side of this page”. If not, then put position, adaptive equipment, food and fluid texture here. | |
| <i>GENERAL POSITIONING AND SCHEDULE</i> | <ol style="list-style-type: none"> Elevation at all times Positioning options include sitting in adapted TIS wheelchair, right sidelying, left sidelying, prone and supine on mat table and bed. See Positioning Plan and schedule for specific times and durations for each position change. If no separate plan and schedule, write details here. | |
| <i>SHOWER/BATH AND EQUIPMENT</i> | <ol style="list-style-type: none"> Use shower trolley at 5 degrees of elevation. | |
| <i>TOILETING AND PERSONAL CARE</i> | <ol style="list-style-type: none"> Uses adult incontinence undergarments – size XL. Bed or shower trolley at 5 degrees of elevation | |
| <i>DRESSING</i> | <ol style="list-style-type: none"> Bed or shower trolley at 5 degrees of elevation | |
| <i>TRANSFERS</i> | <ol style="list-style-type: none"> Mechanical lift with X-Large sling | |
| <i>MOBILITY</i> | <ol style="list-style-type: none"> Unable to walk or weight bear Dependent in wheelchair mobility | |
| <i>COMMUNICATION</i> | <ol style="list-style-type: none"> Vocalizations and facial expressions Head shakes yes/no are not always communicative Uses Big Mack to request assistance | |
| <i>WHAT TO DO IF YOU NOTICE A DYSPHAGIA TRIGGER</i> | <ol style="list-style-type: none"> Make sure all plans (positioning, diet and fluid texture, PNMP) are being followed correctly If not, correct and continue to look for triggers If triggers continue, notify nursing or supervisor | |